

Covid Crimes

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You understand that the spike protein is a gain of function bioweapon. Thread by @GhostOfNakadai on Thread Reader App – Thread Reader App

Covid-19 is a result of "Gain of Function" research with Coronaviruses, ie. at the Wuhan Institute of Virology. This is by definition a biological weapon, funded by the US, supported by NIH, NIAD & Department of Defence.

This is the story of whistleblower [Dr. Richard Fleming](#) who testifies under oath whether Covid-19 and related vaccines are a deliberate attack on the United States. Dr. Fleming consent to this testimony being used in any appropriate proceeding.

This is one of the most important stories you'll hear about Covid-19 and its origins by Dr. Fleming, loosely transcribed by me, with additional context, such as images, quotes and videos. Please [watch the video in it's entirety here](#).

Please follow Dr. Richard Fleming on Twitter at [@Doctor_I_am_The](#)

Credentials

Dr. Richard Fleming

Medical Doctor, MD degree

Nuclear cardiology, Cardiology in Internal medicine

Fellow of American College of physicians

Fellow of American society of Internal Medicine

Ph.D. in physics

JD, Doctor of Law

Inventor in the medical field, hold patents for invention

Author of 400-500 papers

Serves on editorial and review boards for professional journals

Is COVID-19 A Bioweapon?

Dr. Richard Fleming has written a book posing the question if COVID-19 is a bioweapon. Dr. Fleming states that "the function of the book was to provide information that the general public could look at, and also provide evidence for the legal system and medical system to understand the Gain of Function research that has been carried out for a couple of decades, to show where the money came from, what papers were published, showing what type of Gain of Function research occurred and to show the patents, to clearly lay out two decades worth of work that's been conducted funded primarily by the United States, although other countries have been involved, and to show how there's no evidence that Sars-Cov-2, (the virus that causes Covid-19) is naturally occurring, no animal model for it, and to show the type of research that has been

done with coronaviruses funded by the U.S., supported by NIAID, NIH, Department Of Defence, moneys that went to Peter Daszak, Ecohealth, to Ralph Baric, University of Carolina, to Shi Zhengli, Wuhan Institute of Virology, and several other universities around the country, including in the state of Texas.”

SYNOPSIS

President Joe Biden has ordered US intelligence agencies to further investigate the origins of COVID-19. Clearly, the US government isn't decided on what really happened at the start of the pandemic. Was it truly a animal to human transmission to be blamed on a bat in a Wuhan, China wet market? Or was a much more sinister plan at work?

In 2020, Dr. Richard M. Fleming began investigating SARS-CoV-2/COVID-19. Using both his "Inflammation" Theory and Patent (FMTVDM; the first method capable of measuring regional blood flow and metabolic changes occurring inside the body, which makes it possible to accurately determine what is happening inside the body as well as whether treatments prescribed for patients are working or not), he investigated COVID treatments. Simultaneously he began investigating the origins of COVID-19. This book details much of what he has found.

What he discovered will shock you.

By 1999, US Federal Agencies began funding Gain-of-Function research. Research that by its very nature is designed to increase the ability of pathogens to infect and harm people. In 2019, one of those pathogens was intentionally released upon the world in the Wuhan Wet Market. The key to proving and understanding this bioweapon is its spike protein. The very same spike protein now being made in millions of people after the COVID vaccines are injected into them. These vaccines are nothing more than the genetic code of this bioweapon. This book traces the publication and money trail of COVID-19; showing who is ultimately criminally responsible for the design and development of this weapon, which violates the Biological Weapons Convention (BWC) Treaty, exposing those who have committed crimes against humanity. Dr. Fleming will reveal the ultimate conspiracy: one that puts the future of the entire world at stake.

Dr. Fleming: The biological weapons convention treaty states that any adjustment or modification of a biological agent like this virus that doesn't provide a benefit for mankind, is a biological weapon.

These particular changes in this virus, including the PRRA inserts, which are amino acid that were inserted that are very critical for the Furin cleavage site for this virus to infect, the insertion sites that were made with HIV and simian or ape-like HIV equivalent viruses. The prion-like domain at the top of the spike protein as well as the [HIV Glycoprotein 120](#) insert that's critical for the attachment of this virus to cells, all of which are not naturally occurring.

RECOMMENDED READ:

[Origin of Covid — Following the Clues](#)

Did people or nature open Pandora's box at Wuhan?

We've looked at all the different coronaviruses that exist on the planet. None of them have PRRA insert, none of them have this tremendous amount of HIV inserts, none of them have a regional binding domain that is a prion-like binding domain, which means it attaches to cells. And prions are things that are abnormal proteins that cause other proteins to become abnormally folded. To be clear, genetic changes were made to the spike protein in a lab to create what is known as Covid-19. That's what the data shows.

Dr. Zheng-li Shi in a high safety (level BSL4) lab. Her coronavirus research was done in the much lower safety levels of BSL2 and BSL3 labs.

Interviewer: Research done in 2010 by Shi Zhengli, who's often called the bat lady, her goal of that research was to increase for the ability of the virus to infect human cells. Naturally occurring spike protein from horseshoe bats were unable to bind to human ACE2 receptors. It sounds like you discovered at least two man-made inserts into the Sars-Cov-2 spike protein genetic code, that proved it was produced in a lab?"

Dr. Fleming: Right, the research papers Shi Zhengli, Baric, and others published, they were very clear and somewhat proud of the fact that they've been able to modify the virus and insert changes to it that made it more effective and potentially more dangerous.

Interviewer: This genetic code for the Furin cleavage insert in the PRRA, is that found in any other coronaviruses in nature?

Dr. Fleming: None. There is absolutely no other coronaviruses that has this PRRA insert. Since mutations occur one nucleotide base at a time, you will have to come up with a phenomenal explanation as to why 12 nucleotide bases suddenly inserted themselves into a virus that none of the other viruses in that category have.

Medicine man and 'murderer' Activists protesting Dr. Fauci and the government's response to the AIDS epidemic in 1988

Interviewer: Are you saying sections of the genetic code of HIV were inserted into SARS-COV-2 virus?

Dr. Fleming: Shi Zhengli published this early on, many years ago, where she was very proud that she did this. She used a HIV pseudovirus to do it, and we also know that HIV glycoprotein 120 is a prion.

Interviewer: So this is the HIV that became famous in the 80s and 90s.
It's THAT HIV!?"

Dr. Fleming: Right.

Interviewer: And somebody took pieces of a genetic code of HIV and put it into Sars-Cov-2?

Dr. Fleming: That's what Shi Zhengli admitted to in publications that she had yes. It was to increase infectivity to make it more effective. But it is even clearer that what she was going for was the development of a *prion disease*, because where everybody is coming up to speed with a virus and how challenging it can be to deal with it, what's even more challenging to deal with are prions. Because prion diseases are relatively new in our understanding for treatment, and they cause permanent damage unless they can be reversed. So the development of a prion putting HIV glycoprotein 120 in there attaching to the sialic acid receptor, there is nothing about that, that is advantageous for people, and the ability to use prion diseases is quite a weapon.

Interviewer: How lethal are prion diseases?

Dr. Fleming: People die from prion diseases.

An infographic how Creutzfeldt-Jakob disease or "Mad cow disease", a prion disease, affect the brain of a human and consequent symptoms. The disease is always fatal, usually within one year of onset of illness.

Interviewer: This process of inserting amino acids to increase infectivity, is that Gain-of-Function?

Dr. Fleming: Right, so Gain-Of-Function is anything you do that changes a naturally occurring biological agent like this virus. The premise of Gain-Of-Function really has a good premise behind it. The original idea is that if you could step ahead of an infectious agent, you could do a good job at providing treatments for people, and knowing when and where it's going to spread.

This isn't a step ahead. This isn't a single nucleotide base. This is a spike protein that has an HIV glycoprotein-120 insert into it. This is a spike protein that has four amino acids to make a Furin cleavage site, the PRRA insert. This is a spike protein that has multiple HIV and SIH inserts. This is not something that evolutionary evolved. The evolution of something with this many changes would take hundreds or thousands of years, it's not staying a step ahead of it. And making this provided no advantage to human beings so it makes it a biological weapons treaty violation.

This is, it's a plain gun.

A scientific recipe for the laboratory creation of SARS-CoV-2 described in the 2018 research grant application to the U.S. Department of Defense's Defense Advanced Research Projects Agency (DARPA) entitled "Project DEFUSE: Defusing the Threat of Bat-borne Coronaviruses". That grant application was submitted by Peter Daszak of the EcoHealth Alliance and his primary co-applicants: Zheng-Li Shi, the "bat woman" of the Wuhan Institute of Virology; Ralph Baric of the University of North Carolina; and Linfa Wang of Duke University-National University of Singapore, a Chinese scientist, who also worked at the Wuhan Institute of Virology.

PROJECT DEFUSE

"We will analyze all SARS-CoV gene sequences for appropriately conserved proteolytic cleavage sites in S2 and for the presence of potential furin cleavage sites. SARSr-CoV S with mismatches in proteolytic cleavage sites can be activated by exogenous trypsin or cathepsin L. Where clear mismatches occur, we will introduce appropriate human specific cleavage sites and evaluate growth potential in Vero cells and HAE cultures. In SARS-CoV, we will ablate several of these sites based on pseudotyped particle studies and evaluate the impact of select SARSr-CoV S changes on virus replication and pathogenesis. We will also review deep sequence data for low abundant high risk SARSr-CoV that encode functional proteolytic cleavage sites, and if so, introduce these changes into the appropriate high abundant, low risk parental strain."

The cover-up

Interviewer: Dr. Fauci testified under oath to congress under questioning by senator Rand Paul that the NIH and NIAID had not funded Gain-Of-Function research, is that statement truthful?

Dr. Fleming: That was a lie.

Interviewer: And that lie can be proven by publicly available documents?

Dr. Fleming: Dr. Fauci denied under oath that they provided any Gain-Of-Function research despite the fact that we have a long track record of Gain-Of-Function research. In fact, that Gain-Of-Function research even occurred during the time that it was shut down during the Clinton administration due to concerns by scientists like myself that saw problems with infections getting out from Gain-Of-Function research. That money still got funnelled around primarily through Peter Daszak to whom it got funneled out to Ralph Baric and Shi Zhengli and other sources, and they're even denying that they're connected to each other, which just completely goes in the face that they have publications, published papers, with both of their names, Baric and Zhi Zhengli are on there. You can find publications that show NIH funding. This was not a well hidden secret. NIH have now come out since with a statement, admitting that they have provided Gain-Of-Function research.

Wuhan Institute of Virology

Interviewer: Part of this Gain-Of-Function was designed to make bat coronavirus spike proteins infectious to humans when they were not before?

Dr. Fleming: It's very clear from the research grants that was payed for by the United States from the published papers that Shi Zhengli and the others have published, by the patents that have been published, that they've specifically set out to increase and made possible the ability of these viruses to infect, particularly with the [HKU4](#) (Tylonycteris bat coronavirus HKU4), and the HIV pseudovirus glycoprotein-120 inserts that Shi Zhengli and the others were involved with, that they intentionally sought to make this more infectious and in fact accomplished it.

Interviewer: Who were the main players in these genetic engineering experiments?

Dr. Fleming: The primary ones behind this that we know of is Peter Daszak, Ecohealth, Ralph Baric, University of Carolina, Shi Zhengli, Wuhan Institute of Virology. But we know there's been other individuals involved, we know that other universities were involved including here in Texas. I began querying federal funding sources of Ecohealth and Gain-Of-Function research. That allowed me to run down the grant numbers. What we have is the actual grant numbers, how much moneys there were, wether it came from the Department Of Defence, which payed for half of this.

Peter Daszak at the Wuhan Institute of Virology before the pandemic

Interviewer: Did you discover any attempts to cover up the funding of this gain of function research?

Dr. Fleming: Yes, there were a lot of attempts, but they were not very good as far as I'm concerned, including the [Lancet letter](#) where Daszak and so many others got together and published that this was obviously a naturally occurring virus, doing everything imaginable to skew the scientific medical literature to get people to not consider the possibility of it being a Gain-Of-Function lab-oriented bioweapon.

Interviewer: And did this research violate any treaties or laws?

Dr. Fleming: The biological weapons convention treaty is very specific. It states that any bacterial agent, in this case a virus, that does not have a benefit for humanity is a violation of the Biological Weapons Convention Treaty, and it's important to know that this is a treaty that the United States has signed and ratified. Article 6 of the U.S. constitution states

that treaties are the Supreme Law Of The Land. The signing and ratification of the Biological Weapons Convention Treaty, the signing and ratification of the International Covenant Of Civil And Political Rights, the United States participating in the Nuremberg trials in 1947 to establish the Nuremberg Code and how patients should be treated. The Declaration Of Helsinki that the U.S. has committed to for research patients, the American Medical Association Code Of Ethics Of Informed Consent. That anybody violating these have already demonstrated that they not only are in arrested in providing informed consent and patients rights, but if they are violating a treaty they are violating the U.S Constitution and anybody who has taken an oath of office, anybody who has stood there and sworn to uphold and defend the Constitution of the United States, who then ignores these treaties, funds these treaties, funds violation of these treaties, which was done in this instance, who refuses to allow patients to have informed consent, the International Covenant Of Civil And Political Rights, if you've done that, you have violated the U.S. Constitution and if you've taken an oath to uphold and defend the Constitution, then you've committed treason.

In the same year, all the applicants named in that DARPA research grant application participated in the 8th International Symposium on Emerging Viral Diseases in Wuhan, China, October 21-22, 2018. The application was ultimately rejected by DARPA because it involved dangerous "gain of function" experiments that created new human-infecting viruses and because the research had a clear potential for dual use within a bioweapons development program. DARPA, however, left the door open for partial funding and it is very likely that experiments were already underway in the laboratories of the principal investigators at the time the application was submitted.

It is likely that sometime in 2018 the PLA (People's Liberation Army), together with a tight circle of Chinese scientists both inside and outside the People's Republic of China, hijacked that project design.

[The Laboratory Origin of COVID-19 and the Ongoing Cover-up of its Origin](#)

Interviewer: When you reached the conclusion that Sars-Cov-2 was a bioweapon released on the planet, what was your reaction?

Dr. Fleming: Uncomfortable and disappointed. These individuals has presented nothing that suggest that this type of research was something that was of benefit to humanity, and considering the funding of the sources...

Are the vaccines effective?

Dr. Fleming: If you look at the emergency use authorisation documents, you have to ask yourself two questions;

1. How many people get sick, and that is the number we talk about vaccine efficacy, how many people get sick if they're vaccinated versus how many people get sick if they weren't vaccinated.
2. Why are they're getting vaccinated? Vaccine efficacy is not why they're getting vaccinated. They're getting vaccinated so they don't get sick and that is called an absolute risk reduction.

If you go to the EUA documents for Pfizer, Moderna, Janssen who are approved in the U.S., and you ask that fundamental question; How many people do not get sick?

For Pfizer, using their data, there is no statistically significant reduction of Covid cases in vaccinated people versus unvaccinated. If you look at Moderna, the same thing, no statistical reduction in covid cases for the vaccinated versus the unvaccinated. Janssen did something more complex. They looked at results at 2 weeks, 14 days after injection, and 28 days or 4 weeks. If you look at their data 2 weeks after the injection there is a statistical reduction in the number of Covid cases. If you carry out two more weeks, which they did, that difference is gone, so if you want to vaccinate people every two weeks, go for it!

The vaccines doesn't prevent you from getting infected. Statistically it didn't reduce the number of Covid cases or deaths, and it doesn't prevent you from transmitting it. And that's what we're seeing right now. No virus comes in just one flavour, if you will. So Sars-Cov-2 didn't just come as Wuhan HU1, it had the Alpha, the Beta, the Gamma and the Lambda and the Delta, and all the other variants, all the different changes.

What we've done in the past is we've made vaccines by taking all the parts of the virus, with all of the variants, and weakening it, and then injecting it into people so that if you saw another version of the virus, or other parts of it, you would have an immune response to it.

What we did with these vaccines, is we very specifically said, let's just look at the spike protein at the original one, called Wuhan HU1, and let's make that genetic code and turn the human cells into a manufacturing plants to make those spike

proteins.

What did that do? For the people who got vaccinated, many of them who did it because they were worried about other people. We need to understand that these people were well intentioned. They were afraid, they were fearful, they didn't want somebody else to get sick because of them, they didn't want other family members to get sick, they didn't want the man or the woman down the street who have cancer or heart disease to get sick, so as good citizens they were told; you need to do this and it will make a difference.

But the vaccines don't prevent you from getting infected or spreading it, so by using this approach we injected this mRNA or DNA into people, for just one type of spike protein, not the rest of the virus, not the nucleocapsid which turns out to be what humans make the best immune response to, not the envelope, not the membrane, and not the other types of spike proteins, ONE TYPE!

What we see is people getting vaccinated with it, and if you track what happened, not only in the United States but around the world, as these vaccines has been used, fewer and fewer people have gotten infected with the Wuhan HU1, or if they got infected they were ready for it, but they weren't ready for the other variants, the Alpha, the Beta, the Delta, the Omicron, those they didn't have an immune response to. So they responded to it rapidly and then when they spread the virus to other people, they spread the ones who weren't attacked because the immune system wasn't ready for it.

So we've done a great job of pressure selecting out this virus to the variants so that we're spreading and shifting it, and now the spike protein of Omicron is so different than even Delta or Alpha or HU1 that the ability of our immune system to respond to that isn't there. And we're seeing more and more people with this variant coming down with symptoms and spreading it to other people.

When you ask have the vaccine done a good job of reducing this, all you have to do is look at the science, all you have to do is looking at the numbers; Israel. Vaccinated the vast majority of it's country with the Pfizer and Moderna vaccines and their cases of Delta escalated right off the chart as a result, they simply did pressure selection. In the United States we've done the same thing. We've seen the Omicron and Delta variants been pressure selected out by this vaccine program. This has not helped reduce it, it simply shifted the variants and persisted the problem and stressed people and made them afraid.

Interviewer: In this case if you look at the data, the difference between vaccinated and unvaccinated on an absolute risk reduction standard, was statistically insignificant?

Dr. Fleming: The absolute risk reduction is somewhere between 0.8–1.3%.

Interviewer: And that was known by the FDA and the drug manufacturers before these vaccines were rolled out.

Dr. Fleming: What bothers me, I watched these FDA meetings for the EUA, and none of the people on the panel raised the question what's the absolute risk reduction, which is the goal of actually vaccinating people. I watched the FDA meetings for the booster shoots, and I don't remember whether it was the Pfizer or Moderna, their head of vaccine project said that "T-cell response was unimportant", but T-cell response is critical! You have B-cells and T-cells which refer to where they come from. The T-cell response, which is called the innate immunity, is critical and it is the first thing that happens to people. The B-cells, and antibody responses occurs several days later. But for the antibody response to occur, the T-cells have to be working and we know from published data, and I provided documents for this, that the Pfizer and Moderna vaccines suppress the T-cell response in people that get the vaccines, not only do the count of those cells go down, but the chemicals they produce, Interferon, which simply means it interferes with the production of viruses, and what's called T-helper 2 cells which are a type of T-cell that is critical to help make the right antibody response, all of that is suppressed in individuals who get these vaccines.

Listening to people tell me that they're Mr. Science, or Big Pharma saying that it's all about the Science, or anybody else saying it's all about the Science, I'm seeing a tremendous lack of actual science integrity and interrogation of the science because when you go into the EUA documents and you do the science, the interrogation of the data to see if it's really different, you discover it's not. The data is very clear, the science is very clear, the vaccines have not done anything to reduce Covid cases or deaths.

Are the vaccines safe?

Dr. Fleming: Just a fundamental question: If you understand that the spike protein is a Gain-Of-Function bioweapon. Why would you then replicate that same genetic sequence and put it in a vaccine? I think most people were under the

impression that you get an injection in your muscle, that it stays in your muscle, except that's not what happens. The studies were very clear.

The lipid nanoparticle influenza vaccine made by Moderna spread to the brain, the bone marrow, the liver, the spleen, the heart, the kidneys, the intestine, every part of the animal's body, it doesn't stay at the site of injection. These things aren't directly injected into your cells, they are being injected in the muscle, which has fluid around the cells that drains out to the rest of your body and gets into your bloodstream where it can have very serious consequences. Some of the research that we've recently done on Pfizer, Moderna and Janssen vaccines and what happens when they are introduced into human blood.

When people spread infections back and forth, they spread around thousands or ten thousand particles while coughing or sneezing on somebody. So that's the amount that you would get exposed to. With the vaccines, those numbers are significantly different—We're not talking about thousands or tens of thousands, we're talking about *billions* in these vaccines. Billions of genetic sequences to make spike proteins. For Pfizer & Moderna it's 13.1 billion. For Janssen and AstraZeneca it's 50 billion.

A colorized scanning-electron-microscope image shows SARS-CoV-2 (the round blue objects) emerging from cells cultured in the lab.

A virus, to get into your cells, it has to find the ACE2 receptor. These vaccines don't. The lipid nanoparticle simply merge with your cell membrane, they don't have to look for an ACE2 receptor to get it. They simply merge with it and release all that genetic sequence in.

What we're seeing with vaccinated individuals are healthy people reacting. Why? Because they are not getting exposed to a thousand to a ten thousand virus particles from somebody who coughed or sneezed at them. They're getting billions. And if they have a functioning healthy body, their immune system is looking at that and is saying; Wow! We have just been massively infected and amount an immune response—That immune response has inflammation and blood clotting. You release chemicals to kill the cells that are infected, that's why you're getting a runny nose. And blood clotting to wall off the invader so it can't get out and can't get nutrients so it dies. So that inflammation and blood clotting is what your body should do, except you don't get infected with billions of these viruses.

So healthy people are reacting to something that looks like a nuclear bomb went off in their body and they are reacting to it. That's producing a lot of inflammation, a lot of blood clotting and a lot of adverse events. And what we're seeing with all the people with adverse events, are all the people that are healthy, younger, responding to what appears to be an overwhelming infection in their body with all the spike proteins, and we're seeing inflammation, blood clotting, strokes, seizures, heart disease, miscarriages and deaths that we've never seen before in the history of mankind for vaccines that's been made.

VAERS – U.S Vaccine Adverse Events Reporting System

It doesn't matter to me whether it's been 15 000 deaths or 150 000 deaths. If in 1926, 25 deaths was enough to cause people to say, we need to investigate this, and in 2021, if 15 000 deaths isn't enough, we have a problem. I've done animal research for many decades in my life, and there's a reason for doing it, because you don't experiment on people, unless you're nazis.

If you come into a hospital and if you have an adverse effect for any of the other vaccines there is a code to that, that goes into the computer and that will be tracked through history. These things are called Computerised procedural terminology (CPT). There is no CPT code to enter into a computer system for an adverse event to any of these Sars-Cov-2 vaccines.

Interviewer: Even though this is part of a clinical trial, and therefore they have a legal obligation to track events, there is no universal code for physicians to code in an adverse event?

Dr. Fleming: That's right.

Interviewer: Have we ever seen this before?

Dr. Fleming: It's the first time.

Interviewer: These vaccines that are available are still part of a clinical trial that lasts until 2023 correct?

Dr. Fleming: Yes, it shows on National Clinical Trial site.

Interviewer: When you're doing a clinical trial one of the most important things you need to do is to track adverse events I assume?

Dr. Fleming: We're going to look back on this, in 2020 and 2021, and say how many people really had an adverse event of the vaccines?

Are the vaccines bioweapons?

Bill Gates has investments in Big chemical, Big pharma and biotech, including military research of all sorts. Since the COVID-19 Pandemic, he has given many interviews in which he has called for an aggressive project to develop and rollout a COVID-19 Vaccine. This is the most recent manifestation of a repeating pattern - apocalyptic predictions used to justify mass purchase of vaccines by governments to stave off disaster. Due to his substantial funding of WHO he requested to be recognised as part of the executive board of WHO like a member state. He is treated like a head of state, not only at the WHO, but also at the G20

Interviewer: Have you seen any animal studies released by the current vaccine manufacturers before emergency use authorisation?

Dr. Fleming: I haven't seen any animal studies by those corporation before or after they've come out. The only animal studies that has been done are by independent scientists who have been asking the questions that these companies should be asking, which is what are the consequences in animals to these vaccines?"

Interviewer: What has that research uncovered?

Dr. Fleming: Independent research has shown there is damage to the brains and other organs caused by these viruses and vaccines that are called prion diseases, so you can have Mad Cow Disease or Alzheimer's in the brain, or Amyloid disease in the heart. The studies done on animals has been very clear and consistent. Prion diseases, inflammation, blood clotting, thrombotic diseases, miscarriages, other health problems and deaths. And none of this has been done by Pfizer, Moderna, Janssen or the other companies.

Interviewer: This animal research could've been done before the Emergency Use Authorization (EUA), but we have no record that it was ever done or reported.

Dr. Fleming: This animal research should have been done. It violates every treaty and code that we ever had as human beings. There was one instance in time that animal research was abandoned by doing it on people first. And we prosecuted those people in 1947 at the Nuremberg trials.

Dr. Fleming: One of the questions we had, what happens if the vaccine gets into your blood? We looked at Pfizer, Moderna and Janssen, we have looked at the effects that those vaccines have on the blood and it's almost immediate. We're going to look at 3 examples of slides that we took from 7 different patients and 3 different vaccines, and we looked at samples of blood under the microscope.

1) *Pfizer vaccine.* The nice red colour are red blood cells, they're able to carry oxygen from the lungs to the body. Next to them are a lot of grey cells. These are still "red blood cells", though they're no longer red because they no longer able to carry oxygen. Since they're plenty of oxygen in the air what we're seeing is an inability of the hemoglobin in those cells to bind to oxygen and they stay this way, after many many minutes of watching them they didn't turn back or even begin to turn back.

2) *Moderna vaccine.* The exact same thing can be seen in another patient.

3) *Janssen vaccine.* Is showing the exact same phenomenon with the loss of hemoglobin to hold oxygen as shown by grey cells next to the bright red cells that are still functioning, that haven't been damaged by the vaccine.

Interviewer: If we look at these slides is what we're seeing is that when you added the vaccine to the red blood cells, the red coloration goes away?

Dr. Fleming: The red coloration goes away and it stays that way. And it's not a matter of just adding liquid to it, because we also looked at adding normal saline which dilutes it a little bit, but it doesn't take the red colour away. The hemoglobin is no longer able to carry oxygen. This means that the hemoglobin molecule has been damaged. Something is happening to the hemoglobin molecule and it doesn't reverse. The other thing we saw is that the blood begins to clump together.

It's not a matter of time, it's not a time phenomenon. This blood was drawn directly from patients, the vaccines get added, the vaccines touch the red blood cells, the red blood cells turn pale. They're no longer red. The important thing is not only the oxygen carrying capacity, but the fact that the hemoglobin that picks up oxygen from your lungs, when it's in your body it takes the carbon dioxide out and takes it back to your lungs. If the hemoglobin is damaged and can't carry oxygen, that same damage exists and it's unlikely that it's even going to be able to carry the carbon dioxide out.

Interviewer: What's the consequence of this depletion of the oxygen carry capacity of these red blood cells?

Dr. Fleming: None of these red blood cells can carry any oxygen into your body. The real question is how much of this is going on in any individual? No amount of these vaccines should have damaging effects on red blood cells. This is a tissue level thing, early onset, this is like the animal studies. If you're going to give a drug to a patient, you need to know that the drug will work, and what consequences there may be.

Seriously, this is an easy project to do. You take the vaccine, you take human blood, you add it to it, and if anybody can prove to me that what we saw repeatedly is wrong, then go for it, prove me wrong. But you're not going to because the beautiful thing about science is that we conducted this in more than one site on the planet, in 7 different people with all 3 vaccines, they all have the same devastating effect on the blood.

Interviewer: You have a working theory or hypothesis why these vaccines are causing discolouration and clumping?

Dr. Fleming: Yes I do. We've known for a long period of time that RNA or DNA when it's outside of the cell is a prion. Human red blood cells are the only cells in the human body that don't have a nucleus or ribosomes. All they have is hemoglobin to carry oxygen and carbon dioxide. So red blood cells can't do anything with genetic code that is entered into it. Lipid nanoparticle would merge with red blood cells. If red blood cells behaved like any other part of the body does outside of the cell that doesn't have a nucleus or ribosomes, when RNA or DNA comes into contact with it, it acts like a prion and changes protein structure. Hemoglobin is a protein, so it looks to us what is happening is these vaccines are releasing the RNA or DNA of the vaccine into the red blood cells, having a prion effect on the hemoglobin molecule, permanently changing the hemoglobin molecule so that it no longer has the same shape or configuration so it can't find oxygen and it won't be able to pick up carbon dioxide.

Interviewer: Are the vaccines re-programming the innate immune system?

Dr. Fleming: What we have seen is that 2 of the critical steps for your immune system, *interferon*, and *T-helper 2 cells* which are critical for helping to make antibodies, those are all suppressed. T-helper 2 cells has 3 components that needs to match up with the B-cells that makes antibodies. Only when these three match up does a signal being sent to your antibody system to make antibodies for a specific type targeting a specific infection and keep memory cells for that. In the absence of the T-helper 2 cells, being produced like they should, that system even though it exists is going to be blunted.

Actionplan

COVID-19: A Second Opinion

Sen. Ron Johnson moderates a panel discussion, COVID-19: A Second Opinion. A group of world renowned doctors and medical experts provide a different perspective on the global pandemic response, the current state of knowledge of early and hospital treatment, vaccine efficacy and safety, what went right, what went wrong, what should be done now, and what needs to be addressed long term.

[Watch the whole 5 hour long video](#)

Interviewer: If you were advising to fight this attack, what would you recommend?

Dr. Fleming: When you're doing something in medicine or science and there is a bad outcome, you stop doing it. We don't keep repeating the things that cause the problem. All the evidence shows that there is no statistical benefit to using these vaccines. The mass vaccination has caused pressure selection of these variants. It has produced significant adverse effects in the people that it's given to. The FDA has admitted during its Emergency Use Authorization (EUA) documents for children, that we won't know what it does to our children, until we experiment on our children. It's very clear.

These vaccines have done nothing to solve the problem. They need to be stopped. The companies need to be held legally accountable. The questions about why all these codes and treaties that we claim that we honour needs to be addressed. The Gain-Of-Function research needs to be stopped. We need to hold the people accountable who have been responsible for doing this.

- They have violated the Biological Weapons Convention Treaty.

- They have violated the Nuremberg code.
- They have violated the International Covenant Of Civil And Political Rights.
- They have violated the American Medical Association Code of Ethics (which may not be a criminal act, but it is the way I thought we were supposed to practice medicine)

The Freedom Convoy came out of nowhere. It took everyone by surprise in how quickly it grew and gained widespread public support. It more or less blew the doors off of every labor institution in Canada. Left behind by this spontaneous and mostly decentralized movement, unions, politicians, and other "leaders" in society could not control the Freedom Convoy. But more importantly, they could not take any credit for the successes the protests have piled up. So they have chosen instead to vilify them. The government can't admit it because they have dug in too deep, but the majority of Canadians are over the pandemic. [They want](#) an end to vaccine mandates and COVID restrictions lifted.

There comes a time for everybody to be held accountable for things that they do. People make mistakes. I'm human. I know I make mistakes. I am my own worst critic. But 2 decades worth of Gain of Function research, all focused on increasing infectivity of this virus, with consequences that are very clear around the world.

We took procedures in 2020-2021 that made no scientific sense. There is no data to show that the quarantining of citizens around the world stop this virus. If there is explain to me why in 2021 this virus is endemic. It didn't stop it. Physicians abandoning the practice of medicine for a variety of reasons. Some of them might have literally thought they were doing the right thing. Many of them was told there was no treatment, and who told them that? Agencies of the Federal Government Run by Fauci & Collins. Those people don't practice medicine. You don't call them when you go to the hospital. Your physician practices medicine, that's the person you see that takes care of you. We have interfered with practice of medicine, with physicians feeling like they could practice medicine.

For physicians who haven't bothered to measure treatment outcomes, I encourage them to get the quantified measured data to see whether they work or don't work. But at least they're trying something, which is something we always used to always do before we figured it out. I was there when HIV was hitting the scenes. We didn't know what we were doing. So we worked. We winged it. We treated symptoms.

In 2020-2021 all the things we did in science and medicine was thrown out the windows. We locked down society. We put fear into everybody's hearts. We told people to quit believing people who might tell you something different. We quit challenging the scientific paradigm.

In science we're always debating. Anybody who thinks physicians and scientists are this jolly group that are constantly agreeing with each other, No! Scientific debate is constantly had. Physicians frequently will talk amongst ourselves and debate what should or shouldn't be done, but that is a free exchange of ideas, that hasn't been done.

Nazi defendants listen to U.S. prosecutors, including former SMU Law Dean Robert Storey, during the International Military Tribunal in Nuremberg, Germany. [Photo ©Bettmann/CORBIS]

The authorities should be looking into why this happened, making sure that people are being taken care of, and it needs to be holding accountable the people who caused this chaos, and mayhem to begin with, and stop it from occurring again.

—Dr. Richard Fleming

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